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Feb 07 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mayhew
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 018026 (5)

1. Corporation Name
WEWAHITCHKA STATE BANK

Principal Place of Business
113 NORTH MAIN STREET
P.O. BOX 100
WEWAHITCHKA FL 32465

Mailing Address
113 NORTH MAIN STREET
P.O. BOX 100
WEWAHITCHKA FL 32465-0100



2. Principal Place of Business

21 125 N. Highway 71

22 City & State
Wewahitchka FL

23 Zip Country
32465

24 32465

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 32465

3. Date Incorporated or Qualified
05/27/1926

3a. Date of Last Report
02/08/1996

4. FEI Number

59-0506660

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

SUMNER, WILLIAM C.
ONE IDLEWOOD ROAD
WEWAHITCHKA FL 32465

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
PD	SUMNER, WILLIAM C.	ONE IDLEWOOD ROAD	WEWAHITCHKA FL	<input type="checkbox"/>
VD	TRAYLOR, JAN G.	HWY 71	WEWAHITCHKA FL	<input type="checkbox"/>
D	CATHEY, WILLIAM A	RT 3, BOX 136 A-1	PORT ST JOE FL	<input type="checkbox"/>
D	CORE, GEORGE	202 8TH STREET	PORT ST. JOE FL	<input type="checkbox"/>
CEO	GASKIN, JERALD D	137 W 5TH ST	WEWAHITCHKA FL	<input type="checkbox"/>
VP	HUSBAND, CAROLYN M	101 OLD DAIRY FM RD	WEWAHITCHKA FL	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP	<input type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed, or in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0055542

CR2E034 (9/96)